



## **HOLD HARMLESS AGREEMENT AND PARENT/FAMILY INFORMED CONSENT FOR TEEN CERT**

I/We the undersigned parent/guardian and youth hereby agree to the youth's participation in the Basic CERT Training Program.

1. This program consists of Two (2) FEMA at home pre-requisites courses, eight training modules, Final practical exercise, and exam that will be delivered to your teen child (16-17 years of age).
2. CERT will provide students with a knowledge based on an all hazard approach to mitigation, preparation, response, and recovery from a technical and natural disaster.
3. CERT will build decision-making and problem solving skills and strategies to help students make informed decisions regarding readiness, response & recovery and mitigation efforts to reduce loss of life and property in a disaster.
4. CERT will provide students with hands-on training using reality-driven drills and exercises.
5. Specially trained, primary responders will participate in the classroom lessons. The responders range from Emergency Medical, Search and Rescue, Law Enforcement, Firefighting, CERT Coordinators, and Emergency Management Personnel.

We understand that this training will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage and make this request/informed consent with full knowledge of the possibility of that potential risk. Further, we have read and understand the program outline that is provided to us that describes all class sections and associated activities of the program.

As the undersigned parent/guardian, I/we agree to hold the Bergen County Office of Emergency Management, the County of Bergen, and other agency volunteers, their agents and personnel involved in this program, harmless from any and all claims, actions, suits, and/or injury that my son/daughter may suffer and which may arise as a result of his/her participation in the above mentioned classes or associated activities.

My teen child agrees to follow the rules established by the instructors, and to exercise reasonable care while participating in the CERT program. We understand that if he/she fails to follow the instructor's rules and regulations or if he/she fails to exercise reasonable care, he/she can be administratively and summarily removed from the program.

My teen child is expected to attend all scheduled sessions and maintain a minimum GPA while enrolled in the program.

This training is free and purely voluntary and my teen child may at any time opt out of the training without any repercussions.

I/we consent that photographs, or video tape recordings of our teen child as participants involved in the CERT Program may be used by staff for publications or advertising materials. In addition, local news organizations may hear of our activities and we would like to extend our invitation to photograph or record our activities. This consent includes, but is not limited to: photographs, videotape, and audio recordings.

By executing this release we certify that we have read this release in its entirety, understand all of its terms, and have had any questions regarding the release or its effects(s) satisfactorily answered. I/we sign this release freely and voluntarily.

**TEEN CERT Member Information:**

Name of TEEN CERT Member: \_\_\_\_\_

Email of TEEN CERT Member: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

\_\_\_\_\_  
Signature of TEEN CERT Member

\_\_\_\_\_  
Date

**Parent/Guardian's Information:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Number

Comments: